U.S. Public Health Service Office of Force Readiness and Deployment Training Application

Please initial next to each line on the form below confirming that you have completed the OFRD course prerequisites. Fax this page along with your completed course application and a copy (front and back) of your BLS for Healthcare Providers card to the OFRD at (240) 453-6110.

INITIAL	OFRD REQUIREMENTS						
	Own at least 2 complete sets of the Summer Khaki uniform.						
	APPLICATION PREREQUISITES						
	Supervisor's permission to attend.						
	Completed physical exam (including medical review) on file with MAB within the past 5 years.						
	Certified in AHA BLS for Healthcare Providers and recorded on OFRD Officer Summary Page. You must fax a copy of your BLS card (front and back) with your application.						
	Current licensure on file with OCCO and recorded on the OFRD Officer Summary Page.						
	All course immunization requirements completed and recorded on the OFRD Officer Summary Page. (see course prerequisites)						
	Current APFT recorded on the OFRD Officer Summary Page.						
	Recorded height and weight on the OFRD Officer Summary Page.						
	Recorded the number of hours you practice your deployment role on the OFRD Officer Summary Page.						
	Current login and updates on the OFRD Officer Summary Page.						
	Completed all sessions specified in course prerequisites .						



U.S. Public Health Service Office of Force Readiness and Deployment Student Application

1101 Wootton Pkwy · Suite 100 · Rockville, MD 20852 Fax (240) 453-6110



1740						DEFARS
APPLICATIONS MUST BE TYPEWRITTEN				Course D		UST FILL IN EACH FIELD)
Course Title:					vate:	
Medical Effects of Ionizing Radiation (MEIR)				☐ August 1-4, 2006		
Name (LAST)	(FIRS	ST)			Rank:	
	,	,				
Email Address	F	PHS Serial Number Deploy (SERNO)		eployment Role:		PHS Category:
Mode of Transportation:						
□ Automobile □ Air Travel	1st Choice			2 nd Cho	nico	
	1 CHOICE			2 (110	JICE	
Have you attended this course in the pas	t?					
□ No □ Yes If yes, when?						
Tryes, when:						
How will your participation in this cours	se benefit th	e Corps' Readiness	s and Resi	onse cap	abilitie	es? Using the allotted
space below, provide a detailed justification	tion as to w	hy you should be s	elected fo	r this cou	rse.	\mathcal{S}
Supervisor's Name		Supervisor's Signat	ture			Date
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